then all local treatment to uterine cavity should be carefully avoided. In other cases where the uterus is empty and the symptoms point to lymphatic septicemia, if one strongly suspects or is sure from examination of the discharges that the infecting agent in the uterus is the streptococcus, then interference with the uterine cavity, either by curette or irrigation, will be exceedingly risky and should be avoided.

There is now no doubt that the mortality in this class of cases has been greatly increased from this line of treatment; in fact, I think, generally speaking in practice outside the hospital, except in the hands of experts and when a perfect technique can be obtained. in all cases where the uterine cavity is found empty the woman is much safer without intra-uterine treatment of any kind; even in sapremic cases if one suspects the possible association of a streptococcic infection, the removal of the putrescent material with finger or curette as well as the after treatment calls for the greatest possible care. If such an association were actually known to exist, it is more than probable that unless a rigid aseptic technique can be secured in clearing out the uterus, the mortality would be less by leaving the case to nature.

What I have previously stated regarding the mortality in puerperal infection must be kept in mind, viz.: That the streptococcus is the cause of mortality. That the mortality in streptococcic cases is 5 per cent. and that the mortality in all cases is about 1 per cent. It must be remembered, however, that in many of the cases that do not terminate fatally the patients become chronic invalids from the effects of pathological lesions caused by the infection.

Pryor claims for his treatment a lessening both of mortality percentage and morbidity percentage. This treatment, he claims, is applicable to all cases of puerperal sepsis except phlebitic cases, and consists (1) in a careful cleansing of the parts under anesthesia. (2) Curettage and thorough irrigation of uterus and packing its cavity with sterilized iodoform gauze. (3) A free incision into the cul de sac posterior to cervix, evacuating the poisonous fluids which he claims always accumulate there, and then packing the posterior pelvis behind the uterus from side to side to the brim with sterilized 5 per cent. iodoform gauze. The vagina is also packed in the same way. He claims that nascent iodine is rapidly absorbed into the circulation and cuts short the infection. To assist in elimination of iodine and sepsis, after saline enemas are given, and in cases where the pulse is 120 or over, an intra-venous injection of two or three quarts of normal salt solution is given before the operation. The removal and renewal of the gauze packing will depend on the symptoms.